10/655227					
Application or Docket Number 10655227					
SMALL ENTITY TYPE		OR	OTHER SMALL	·	
RATE	FEE	1	RATE	FEE	
BASIC FEE	375.00	OR	BASIC FEE	750.00	
X\$ 9=		OR	X\$18=		
X42=		OR	X84=		
+140=	,	OR	+280=		
TOTAL		OR	TOTAL	710	
OTHER THAN SMALL ENTITY OR SMALL ENTITY					
	ADDI-			-ADDI-	:
RATE					
	TIONAL FEE		RATE	TIONAL FEE	(1a
X\$ 9=	FEE	OR	RATE X\$18=	TIONAL	, 4)
		OR OR	·	TIONAL	4
X\$ 9=			X\$18= X89= +280=	TIONAL	(4) (4) (4)
X\$ 9= X42=		OR OR	X\$18= X69=	TIONAL FEE SPO 143	, 49 , 8 . 00
X\$ 9= X42= +140= TOTAL		OR OR	X\$18= X69= +280=	TIONAL FEE SPO 143	, 49 , 8 . CC
X\$ 9= X42= +140= TOTAL		OR OR	X\$18= X69= +280=	TIONAL FEE SPO 143	, B , B . CC
X\$ 9= X42= +140= TOTAL ADDIT. FEE	ADDI- TIONAL	OR OR	X\$18= X89= +280= TOTAL ADDIT. FEE	TIONAL FEE SPO ADDI- TIONAL	, A , B , CC
X\$ 9= X42= +140= TOTAL ADDIT. FEE	ADDI- TIONAL	OR OR OR	X\$18= X89= +280= TOTAL ADDIT. FEE	TIONAL FEE SPO ADDI- TIONAL	A B CC
X\$ 9= X42= +140= TOTAL ADDIT. FEE RATE X\$ 9=	ADDI- TIONAL FEE	OR OR OR	X\$18= +280= +07A5 ADDIT. FEE RATE X\$18=	ADDI- TIONAL FEE	. W

(Column 2)

NUMBER EXTRA

(Column 3)

PRESENT

EXTRA

(Column 3)

PRESENT

EXTRA

AMENDMENT PAID FOR AMENDMENT Total Minus) Minus Independent FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM ADE (Column 2) (Column 3) (Column 1) HIGHEST CLAIMS REMAINING NUMBER PRESENT PREVIOUSLY AFTER **EXTRA** AMENDMENT PAID FOR **AMENDMENT** Minus Total Minus Independent FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

(Column 2)

HIGHEST

NUMBER

PREVIOUSLY

PAID FOR

(Column 2)

HIGHEST

NUMBER -

PREVIOUSLY

PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003

(Column 1)

NUMBER FILED

minus 20=

minus 3 =

CLAIMS AS FILED - PART I

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

TOTAL CLAIMS

TOTAL CHARGEABLE CLAIMS

MULTIPLE DEPENDENT CLAIM PRESENT

(Column 1)

CLAIMS

REMAINING

AFTER

(Column 1)

CLAIMS

REMÁINING

AFTER

AMENDMENT

INDEPENDENT CLAIMS

FOR

⋖

Minus Total independent Minus EIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the Mighest Number Previously Paid For IN THIS SPACE is less than 20, enter "20."
****If the Mighest Number Previously Paid For IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1,

ADDI-ADDI-TIONAL TIONAL RATE RATE FEE FEE X\$ 9= X\$18= OR X84= X42 =OR +280= +140= OR TOTAL ADDIT. FEE ADDIT. FEE

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